



Executive Office for Immigration Review

AWARD NOMINATION FORM

Legal Authority: 5 C.F.R. Part 451, Subpart A.

(1) Date of nomination:

Component:

(2) Nominee:

Title:

(3) Type of award:

___ On-The-Spot

Award amount (\$50 to \$750):

___ Special Act

Award amount (\$250 to \$7,500):

___ Time-Off¹

Award amount (up to 40 hours):

(4) Date(s) of the contribution/achievement:

(5) Which of the following best describes the nature of the contribution/achievement?

___ One-time, non-recurring act.

___ Sustained high level of performance. (Only a time-off award is appropriate in this instance.)

(6) Which of the following criteria best describes the nominee's superior contribution? (Select One)

¹ Time-off awards may not be used as a substitution for a performance award or to circumvent statutory limits of 5 U.S.C. § 5384 on awards to SES employees.

___ Nominee made a high quality contribution to a difficult or important project, overcoming unusual difficulties in achieving a superior outcome, while still maintaining his/her own workload.

___ Nominee produced exceptionally high quality work under a tight deadline, or displayed special initiative and skill in completing an assignment or project before a deadline.

___ Nominee displayed exemplary or courageous handling of an emergency situation related to official employment.

___ Nominee demonstrated exceptional courtesy or responsiveness in dealing with the public, client agencies, or colleagues.

___ Nominee's efforts, through innovation and creativity, resulted in increased productivity, economy, or other highly desirable benefit to the Agency.

___ Nominee displayed sustained high level performance. (Time-Off Award only)

(7) Description of the nominee's specific contribution/achievement:

(8) How did the contribution/achievement meet the mission of the Agency and further the public interest?

(9) How did the nominee make extra efforts, going above and beyond normal duties, to perform in an exemplary manner?

(10) Nominating official: (electronic signature)

I attest that, to the best of my knowledge, the employee named above: (1) is not currently under investigation (internal or external) for sexual harassment; (2) has not been found to have committed a substantiated act of sexual harassment or misconduct within this performance year; and (3) has not been disciplined for misconduct of any type within this performance year.

(11) Concurring/approving official: (electronic signature)

For Awards Committee use only:

Committee approval (if award is \$1,000 or more, or more than 24 hours)

☐ Yes

☐ No

Executive Office of Immigration Review
AWARDS PROGRAM (On-the-Spot/Special Act or Service/Time-Off)

Employee Name: _____ Soc. Security No. : _____

Employee's Organization: _____

ON-THE-SPOT AWARD

New Amount of Award: \$ _____ (\$50 - \$750; must be in increments of \$50)

SPECIAL ACT OR SERVICE AWARD

New Amount of Award: \$ _____ (\$250 - \$7500)

TIME-OFF AWARD

Number of Hours to be Granted: _____ (Full-time up to 40 hours for single contribution, Minimum is 4 hours, Max for year is 120 hours)

***Personnel Data (To be completed by Human Resources Staff)**

Authority Code: PAY = For all employees

Award Code: C100 Case Number: _____ NOA Code: 849

Award Code: C012 Case Number: _____ NOA Code: 849

Award Code: C029 Case Number: _____ NOA Code: 846

Effective Date: _____

Date Keyed: _____ Keyed By: _____

Human Resources Approval: _____ Date: _____